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Bib Data Sheet

CONFIRMATION NO. 7139

SERIAL NUMB 09/737,050	1 12/14/2000 1		. (CLASS 709		GROUP ART UNIT 2152			ATTORNEY DOCKET NO. 583-1044	
		e, Bishops Stortford, L lops Stortford, UNITE								
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IF REQUIRED, F GRANTED ** 01/		IGN FILING LICENSI	E 8							
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ADDRESS Lee, Mann, Smith PO Box 2786 Chicago ,IL 6069	·	Williams, Sweeney &	Ohlson							
TITLE Communications	syste	em and method theref	or							
RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				